

nursing newsletter



A WORD FROM THE ASSOCIATE DIRECTOR – CANCER CARE MISSION

Dear colleagues,

As I prepare to retire after more than seven years with the Cancer Care Mission and over 35 years at the MUHC, I would like to take a moment to share a few thoughts with you.

Over the years, I have had the privilege of working alongside exceptional professionals, but above all, people with tremendous compassion. Even on the busiest of days, you always find a way to be there for a concerned patient or a colleague in need: a smile, a reassuring glance, a kind word. It is this humanity that will remain, for me, the most beautiful embodiment of our mission at the MUHC.

During my seven years at the Cancer mission, we have accomplished a great deal. Among our achievements, we implemented **tumour-site-specific care trajectories**, including those for lung, breast, sarcoma, and head and neck cancers. We also launched the **CAR-T Program** and the **Rapid Oncology Assessment Clinic (ROAC)** to prevent unnecessary visits to the emergency department. We developed the **Transition of Care Program** and put in place several initiatives to provide **alternatives to hospitalization**. Along the way, we achieved **FACT accreditation**, developed an **informed consent form in oncology** and a **pregnancy screening** before cancer treatment. We also further implemented **distress screening** for oncology patients, created a **support program for adolescents and young adults** living with cancer. More recently, we began deploying **seven new digital platforms**. The list is long, and I can't name all our great milestones!

Behind each of these achievements are teams that came together, challenged existing ways of doing things, and moved forward together. I would like to sincerely thank the nursing staff of the Cancer Care Mission, as well as our many partners and colleagues, particularly the medical, surgical, perioperative, and imaging teams. Oncology is a deeply collaborative discipline, and it is through the sharing of our expertise, perspectives, and ideas that we have been able to accomplish so much.

I leave my role with both pride and confidence. The challenges and opportunities to innovate are many, and I know you will continue this work with dedication and creativity.

Thank you for welcoming me, supporting me, and inspiring me over the years. I have received far more than I could ever put into words. It has been an immense privilege to share this journey with you.

Christine Bouchard

ANNOUNCEMENT



Laurie Gottlieb Nursing Explorations Conference 2026 October 14 – in person and online

The Ingram School of Nursing at McGill University invites you to join a day of dialogue and reflection on the future of nursing and healthcare systems.

The program will feature a keynote presentation by **Kimberly LeBlanc**, President of the Canadian Nurses Association (CNA), entitled *Revisioning Tomorrow's Health: Innovation, Collaboration and Sustainability*. Plenary sessions led by **Gracia Kasoki Katahwa**, a nurse and former borough mayor, and **Argerie Tsimicalis**, a researcher specializing in the integration of virtual reality into nursing practice, will also be among the highlights of the event. Presentations will be delivered in English, while the question-and-answer period will be held in both English and French.

[Discover the full program.](#)



The McIntyre Medical Building, 5th Floor, McGill University
3655, Promenade Sir William Osler, Montreal H3G 1Y6

[Register today!](#)

Understanding to decide: Informed Consent in Oncology

A PATIENT-CENTERED INITIATIVE

The Cancer Care Mission (CCM) developed a **bilingual informed consent form for oncology treatments**, in order to help patients better understand their care options. More than a signature, consent is an ongoing process that enables patients to ask questions, and make decisions that respect their rights, values, and preferences. By signing the form, patients acknowledge that their treating physician or nurse practitioner (NP) has addressed the essential elements of informed consent.

ADDRESSING A CLINICAL NEED

The project was launched by the **Quality Improvement team of the CCM**, following Accreditation Canada's January 2023 visit, which identified gaps in consent documentation. An audit of 50 charts confirmed inconsistent documentation: capacity to consent was documented in only 2% of charts, and the patient's decision in 64%.

A COLLABORATIVE AND PHASED IMPLEMENTATION

Grounded in evidence-based practice and designed to be **accessible to patients**, the form was developed by an **interdisciplinary team** of clinicians, patient partners, ethics and legal experts, and a librarian. Patient resources, audit mechanisms, and implementation guidelines were also developed. Implementation began on **October 1, 2024**.

TANGIBLE RESULTS

Form completion in patient charts increased from 55.4% in October 2024 to 83.4% in December. In radiation oncology, adapting the audit process resulted in approximately 98% compliance. **Since April 1, 2025, consent became mandatory prior to any treatment.**

In January 2026, an audit of 150 charts across the three cancer care sectors demonstrated **98–100% compliance**. Key areas for improvement include documenting recurrence and potential risks to the reproductive system.

A survey of 35 patients also showed positive results. Among the 30 patients who completed a form, **90% reported a good understanding of its content**, and **97% felt respected and listened to**.

A TEAM SUCCESS

Winner of the "**Prix de cancérologie 2025**", this project demonstrates how continuous improvement can strengthen the quality of practice while placing the patient at the centre of care.

Thank you to everyone who contributed to making every consent discussion a moment of understanding, trust, and meaningful dialogue.



The project team, under the leadership of Dr. Armen Aprikian and Christine Bouchard

The Quality Improvement team members who spearheaded this project: Dr. Annie Leung, Astride Bazile, and Selda Elmas

Central Vascular Access Device (CVAD) Flushing and Locking updates



Important changes to central vascular access device (CVAD) practices will soon be implemented across the MUHC. To help you navigate this transition, we've answered some of the most frequently asked questions about the new practices, available resources, and support measures in place.

What are the major protocol changes?

Heparin will no longer be used as a lock solution. When IV therapy is stopped for 24 hours or more, where heparin was previously used, flush and lock the lumen with 2 x 10 mL pre-filled NS syringes.

For inpatients, the collective order is being discontinued and replaced by the protocol. For discharges and outpatients, an updated pre-printed order is available for CLSCs and patients' pharmacies. A [tip sheet](#), [protocol](#) and [forms](#) are available on the intranet.

Why is heparin being removed as a lock solution?

Compared with normal saline, heparin offers no benefit for catheter patency, occlusions or infection. For more information, consult the [Rapid Review Evidence Summary](#).

What should I do if I have concerns about a patient who has frequent CVAD occlusions?

Review proper flushing and locking techniques and volumes, including turbulent and positive pressure flushing. Increase flush volume after blood products and flush between incompatible infusions. Notify the physician after repeated occlusions; CVAD verification can be requested in interventional radiology. Contact the vascular access nursing advisor for guidance.

What will the MUHC Nursing Directorate do to maintain safe CVAD care throughout the transition?

The nursing directorate will support patients with CVAD complications, continue implementing best practices, and monitor CVAD-related outcomes, including Alteplase use and radiology requests for CVAD replacements due to occlusions.

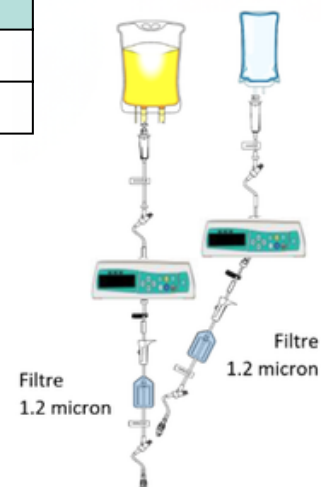
By Katherine Mohsen, Nursing Advisor – Vascular Access, Adult Sites and
Marie Létourneau, Nursing Practice Consultant

Parenteral Nutrition and Lipid Filtration updates

In accordance with the new infusion and clinical nutrition guidelines, the MUHC adult sites are implementing a change in lipid and parenteral nutrition (PN) filtration practice.

Item	Previous practice	New practice
PN	0.2 micron filter	Tubing with 1.2 micron filter
Lipid	No filter	Tubing with 1.2 micron filter

- The gradual update of the CMAR with the appropriate filter will take place as new PN and lipid orders are entered.
- Material Management will distribute the tubing with an integrated **1.2-micron filter** during the months of **October** and **November**.
- The PN protocol is up to date. [Consult it here](#).



By Katherine Mohsen, Nursing Advisor – Vascular Access, Adult Sites and
Marie Létourneau, Nursing Practice Consultant

Referral Portal: New self-serve training materials available



Do you have questions about Phase 2 of the Referral Portal? You can now find a **frequently asked questions (FAQ)** document on the Referral Portal **Intranet page** in the sidebar section **Documentation for Phase 2 – Adult sites**.

Also newly added to this section, an updated **cheat sheet** on how to fill out the **FMU-4489** electronic referral form in O-Word. For extra guidance, a **video** is also available.

Healthcare professionals and referral triage teams are encouraged to consult the resources on the **Referral Portal** Intranet page to familiarize themselves with the new process.



portaildereferencecsm@muhc.mcgill.ca

Documentation for Phase 2 – Adult sites

Clinicians

FMU-4489 in O-Word

- [FMU-4489 cheat sheet](#)
- [FMU-4489 video](#)
- [FMU-4489 exclusions](#)

Referral Portal Triage

- [Access](#)
- [Triage cheat sheet](#)
- [Triage video](#)

[Frequently Asked Questions \(FAQ\)](#)

Resources for patients and family surrounding end of end-of-life care, grief and bereavement

Caring for a patient at the end of life is complex and requires a great deal of knowledge, empathy, and patience. Whether it involves discussing end-of-life care with the patient, guiding the family through post-mortem arrangements, or providing information about grief and available resources, it can sometimes be difficult to find the necessary information quickly.

At the MUHC, several resources related to end-of-life care are already available, and others are currently being developed. To help improve access to these resources for healthcare professionals and patients alike, we would like to learn more about your needs.

We therefore invite you to take a few minutes to complete this short survey:



Your input will help us better meet the bereavement support and resource needs of patients, families, and staff.

Discover additional support resources [on the intranet](#):



Hazardous medication: a committee to support you

Please note that the MUHC Hazardous Medication Initiative was launched on **April 14**. The Clinical Committee continues its work with the support of several subcommittees.

What is the Clinical Committee on Hazardous Medications?

It is a permanent committee that remains active to ensure ongoing monitoring, support post-implementation strategies, and guide the evolution of practices. Through its ongoing involvement, the committee helps maintain a safe environment for patients, their loved ones, and all staff members.

Who are its members?

The committee includes members from Pharmacy and Nursing across various departments, an occupational health specialist, and ad hoc members pre-selected based on the topics under discussion.

What is its mandate?

The committee is actively pursuing its work to provide **sustainable post-implementation support**. Its goal is to identify challenges encountered on the ground, analyze emerging practices, propose concrete solutions, and support teams in applying recommended preventive measures.

Several working subcommittees have also been established to advance priority issues such as training, patient and family education, risk analysis related to specific tasks, and exposure assessment.

It also serves as a **forum** where professionals can share their concerns, questions, and suggestions for improvement regarding hazardous medications. This interprofessional collaboration is essential for maintaining safe practices that are tailored to clinical realities.



The Clinical Committee on Hazardous Medications encourages clinical teams to share their **questions, concerns, operational challenges, or suggestions for improvement** regarding the safe management of hazardous medications. This feedback helps us identify on-the-ground needs and guides our work priorities. The committee serves as a space for collaboration and support for all relevant departments.



medicamentsdangereux@muhc.mcgill.ca

By Isabelle Couture, Pharmacist and Marie Létourneau, Nursing Practice Consultant

CLINICAL EDUCATION

Preceptor Support for Nurses Supporting Student Learners October 8 or October 9

Preceptors play such an important role in creating positive and meaningful clinical learning experiences for our nursing students. To support nurses in this role, **Selena FitzGerald**, Nurse Educator for Student Placements, recently offered **one-hour accredited Student Preceptor Support Sessions**, available virtually via Teams and in person.

Topics included **roles and responsibilities, student scope of practice, and available resources**.

These sessions will be offered at the beginning of each fall & winter session.

Upcoming sessions will include **student evaluation, effective feedback, and recognizing red flags**.

Dates and registration (QR code):

Thursday, October 8

12 h – 13 h &
13 h 30 – 14 h 30
On Teams

Friday, October 9

12 h – 13 h &
13 h 15 – 14 h 15
On Teams



stages.infirmiers@muhc.mcgill.ca

By Lisa Frick, Nursing Manager: Orientation-Integration and Student Placements

Call for Applications – Career Pathways Program

Deadline: Monday, October 19

Applications are now open!

Would you like to broaden your professional horizons and explore an area of practice that interests you? **The Career Pathway Program**, designed for nurses with more than two years of experience, offers an opportunity to explore new career directions while benefiting from structured guidance and support.

- 10 days of paid protected time
- Opportunity to shadow an expert for 2 hours to confirm interest
- Work with an expert
- Participate in theory classes
- Attend a conference selected by the Career Pathway Program Committee
- Give back to the clinical area through projects

Submit your application form by **October 19** to take part in the program's next cohort.



cheminementdecariere@muhc.mcgill.ca

By Josée Larocque, Nursing Manager: Evaluation, continuous competence and specialization

Career Pathway for Nurses at MUHC

Pathways & Eligibility criteria

- Education
- Suicide Prevention

To qualify, you must be a registered nurse with a minimum of 2 years of experience and be working a minimum of 0.7

- Trauma Care
- Emerging Leader
- Education
- Suicide Prevention
- Neuroinclusive care
- Advanced Practice Nurse

To qualify, you must have a BACC, be a registered nurse with a minimum of 2 years of experience and be working a minimum of 0.7



APPLY BEFORE
OCTOBER 19, 2026

For queries contact:
cheminementdecariere@muhc.mcgill.ca

Enhance your Transfusion Safety skills with two training sessions

Following the Standards Council of Canada inspection conducted in March 2026, two **targeted continuing education courses must be completed** to help strengthen your transfusion safety knowledge and skills.

Topics include:

- safe transport of blood products
- vital signs monitoring
- accurate completion of the distribution voucher
- safe administration of blood products within the four-hour timeframe.

Just a few minutes of training can help strengthen essential reflexes. We encourage you to complete these modules as soon as possible.



The nursing training module has been accredited by the Nursing Directorate and is eligible for one hour of OIIQ continuing education credits.

McGill University Health Centre / Centre universitaire de santé McGill

If you have time for a coffee, you have time for these trainings!

TWO TRAINING COURSES
to strengthen your transfusion safety skills

Nursing Training

Blood Product Transport Training

Scan here

By Janique Collin, Nursing Consultant

LIT Contest 2026: Turning questions into better care

This summer, the Nursing LIT Contest winning teams came together to enjoy the cake they won through the contest and to review the evidence related to their clinical questions. Through presentations and discussion, staff and clinical leaders explored the implications of the findings for practice, reflected on local realities, and identified opportunities to strengthen evidence-informed care.

1st place : Bianca Nistor (ICU, RVH)

The need for an additional primary IV line during blood transfusions.

Findings from a rapid evidence review were presented to the ICU team, leading to rich discussion about how evidence should be interpreted in the context of real-world clinical practice. The conversation generated concrete ideas for refining practice expectations and exploring ICU-specific guidance to support decision-making. [Learn more.](#)



2nd place : Jean-François Hébert (Emergency Lachine)

The relevance of continued use of routine rectal temperature measurement in the ED.

Findings were shared through an infographic and discussion with staff. [Learn more.](#)

3rd place : Sara Yasa (Glen C10)

The relevance of the routine use of central venous pressure monitoring following kidney transplantation.

This question has stimulated discussion on evidence-informed fluid management.



A special thank you to the **contest reviewers** and to **Perla Tambe**, our Canada Summer Jobs student, who conducted the rapid evidence reviews for the first and second prizes.

Stay tuned! This article will soon be published on the MUHC's social media. Please comment and share!



By Sonia Castiglione, Nursing Practice Consultant-Research (Interim)

Kiosks promoting sustainable development across our sites

The DSI Sustainable Development Team recently hosted interactive kiosks at all four MUHC sites to promote environmentally responsible practices. Among the projects presented, an initiative from the ICU, led by **Brendan Timmins**, offers a simple way to reduce waste: avoiding the unnecessary transfer of supplies into patient rooms when those items are already available there.

The kiosks also provided resources on:

- [Planting native species](#) to support pollinators and local ecosystems
- Health care sustainability organizations such as the [Canadian Association of Nurses for the Environment \(CANE-AIIE\)](#).
- [10 practical actions](#) to help address climate changes



There was a quiz, learning, and prizes to be won! **Thank you to Anne Marie Nadeau's family for the beautiful handmade prizes they provided.** Congratulations to the winners, and thank you to everyone who took part in this wonderful initiative.

CO-EDITORS OF THIS NEWSLETTER:

Marie-Eve Leblanc, Nursing Practice Consultant, Nursing Directorate
Silvia Rizeanu, Communications Agent

Please submit your articles for the next newsletter **before October 30**

Consult the 2026 Nursing Newsletter Calendar